Name in Full	1. 0				Certificate of Death
\rightarrow	du In	Mall	1		
D To	why f.	/	County		
Died at JMY	rawrem		In	nerect	MARYLAND
Date 1896	Month Day 22	Age /	M. D. N	ative of	Occupation
Male	White	Married	Widow	Deverced	
Female	Colored	Single	Wildow	Number of child	tren Hving
Musband of					
Father's Da	0	9	Mother's		
Name -	es 1 ~	macu	Name		
	40.	1		Н	ow long sick
Cause of Primary		101			
Death Immediat	e 1	181		Δ.	ccident, Sujeige, Homicide
		7	110	. 1	cordent, Surelye, Hornierde
Reported by Jones Lat James Carne Muy. 27					
Address					
Addies					
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.					
					LIBRARY BUREAU, 85968

